	ra i en i	applicati Effe	ION FEE (ctive Octo	Detern Iber 1. 2	AINAT 000	ion rec	ORI		00	p v	660	77
		CLAIMS A								~	5 65	, G B
			Colum	in 1)	(Col	umn 2)		SWALL TYPE	Priving	OR	enang Liamp	nant r Viiive
	OTAL CLAIM	S						RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fe		OR	20000 000	j\
T	OTAL CHARGE	10 m	1 © minus 20=		٥		XS 9=		OR		860	
IN	DEPENDENT (minus 3 =		٠		1 acs	 			\ <u></u>	}	
M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT				X40=		ÖR	W. Addison.	ļ.
AS per performed. ° If the difference in column 1 is less than zero, enter "0" in column 2							aca	÷135=		ර්ති	÷270=	
								TOTAL] ดก	TOTAL	860
CLAIMS AS AMENDED - PART II OTHER (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E												THAN
S	110	CLAIMS REMAINING		(Colun	EST	ST		JUANNE	ADDI-	OR ∃ [SMALL	<u></u>
AMENDMENT	L.	AFTER AMENDMENT		PREVIO PAID I	USLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADOI- TIONAL FEE
	Total Independent	. 10	Minus	00 24	<u> シー</u>	=)		X\$ 9=		OR	X\$18=	1
ADD		ENTATION OF MI	Minus	000	>	= /		X40=		OR	X80=	
<u> </u>			DETIFIE DE	PENDENT	CLAIM	L		÷135=			÷270=	
							L	TOTAL		OR	YOYAL	
		(Column 1)	*	(Colum	n 2)	(Column 3)	A	DDIT. FEE		OR ,	DOIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total Independent		Minus	• •		=		X\$ 9=		OR	X\$18=	FEE
		NTATION OF MU	Minus	PENDENT	CL AIRA	=		X40=		OR	X80=	•
					SCAIIVI			+135=		OR	∻270=	
ADDIT. FEE									OR ,	YOYAL ADDIT. FEE		
,,Τ	"TOS MI AND THE SE	(Column 1) CLAIMS	San Idio San	(Columi		(Column 3)	r==		. ,	. =		*
景上	1Algran	REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	•	Minus	00		=		X\$ 9=	<u>rce</u>		X\$18=	FEE
	Independent	•	Minus	000		=				OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40=										X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** TOTAL *** This Proviously Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+270=	
**	**************************************											

FORM PTO-975 (Rov. 6/00)

Potoni and Tratomant Office, U.S. DEPARTMENT OF COMMERCE